

REISSUE PATENT APPLICATION TRANSMITTAL LETTER

Atty Docket No.
P3988

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

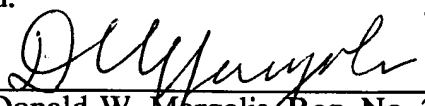
Transmitted herewith for filing is the reissue patent application of:

DAVID CHOATE

for: **STORAGE DEVICE WITH SUPPORT CARRIER AND METHOD**

Enclosed are:

- ☒ REISSUE APPLICATION FEE DETERMINATION RECORD;
- ☒ DECLARATION FOR REISSUE APPLICATION;
- ☒ POWER OF ATTORNEY;
- ☒ 2 (TWO) verified statements to establish small entity status under 37 CFR 1.9 and 1.27; and
- ☒ DECLARATION OFFERING TO SURRENDER AND RETURN THE ORIGINAL PATENT;
- ☒ PRELIMINARY COMMENTS
- ☒ A check #5173 in the amount of \$447.00 to cover the filing fee.
- ☒ The Commissioner is authorized to charge payment of any deficiencies or to credit any overpayment to Deposit Account No. 13-1705. A duplicate copy of this sheet is enclosed.

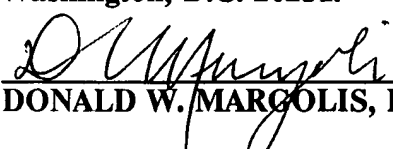

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Enclosures
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I hereby certify that this paper and fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope with proper Express Mail postage attached on the date indicated below and is addressed to: New Patent Applications, Commissioner of Patents and Trademarks, Washington, D.C. 20231.


DONALD W. MARGOLIS, Reg. No. 22,045

01/09/98
Date

REISSUE APPLICATION FEE DETERMINATION RECORD						Docket Number (Optional) P3988		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 20	Total Claims (37 CFR 1.16(i))	(B) 21	**** 1 =	x \$ 41 =	41	OR	x \$ =	
(C) 3	Independent Claims (37 CFR 1.16(i))	(D) 4	* 1 =	x \$ 11 =	11		x \$ =	
Basic Fee (37 CFR 1.16(h))					\$395			\$
Total Filing Fee					\$447		OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ =		OR	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ =			x \$ =
Total Additional Fee					\$		OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 447.00 _____ to cover the filing / additional fee is enclosed.</p>								
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>January 9, 1998</p> <p>_____ Date</p> </div> <div style="width: 50%;"> <p>_____ Signature of Applicant, Attorney or Agent of Record</p> <p>DONALD W. MARGOLIS</p> <p>_____ Typed or printed name</p> </div> </div>								

**Burden Hour Statement: This form is estimated to take 5 hours to complete. Time will vary depending upon the needs of the individual case. Any comment on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.